



**Docket No.:** F0279  
**Applicant:** Ramsbey, et al.  
**Title:** ESD IMPLANT FOLLOWING SPACER DEPOSITION

I hereby certify that the attached CPA patent application (along with any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on this date March 20, 2003, in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL798607905US addressed to: Box CPA, Assistant Commissioner for Patents, Washington, D.C. 20231.

Valerie A. Salvino  
(Typed or Printed Name of Person Mailing Paper)

Valerie A. Salvino  
(Signature of Person Mailing Paper)

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (i))	9	-20* =	0	x \$ 18.00 =	\$ 0
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	3	-3** =	0	x \$ 84.00 =	0
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ 0 =	0
				BASIC FEE (37 CFR 1.16)	750.00
				Total of above Calculations =	750.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.					TOTAL = \$750.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 1063:

a. ☒ Fees required under 37 CFR 1.16.b. ☒ Fees required under 37 CFR 1.17.c. ☐ Fees required under 37 CFR 1.18.8. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.9. ☐ Payment by credit card. Form PTO-2038 is attached.10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)13. ☒ Other: Express Mail Certificate**NOTE:**

The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

\*23623\*

or ☐ New correspondence address below

(Insert Customer No. or Attach bar code label here)

23623

Name

Address

City

State

Zip Code

Country

Telephone

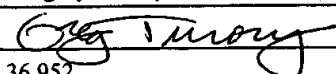
Fax

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print IType)

Gregory Turocy

Signature



Registration No. (Attorney/Agent)

36,952

Date

March 20, 2003